

Welcome To Our VI Career Network One Stop Center

HOW CAN WE HELP YOU? (Please check all that apply)

I need

- ☐ Help finding work / Job referrals
- ☐ Information about Unemployment Insurance (UI)
- ☐ Information about services for job seekers with disabilities
- ☐ Help finding a new career that fits my skills and interest
- ☐ Vocational /Occupational training
- ☐ Job search skills (resume writing, how to look for work, interviewing, keeping the job, etc.)
- ☐ Information about education (GED, high school completion, college)
- ☐ Computer Classes
- ☐ To improve my basic skills (reading, math)
- ☐ To learn English
- ☐ Information about Youth Services
- ☐ referral to other services (child care, transportation, housing, legal, counseling, etc)
- ☐ other: _____

LAST NAME:		FIRST NAME:	
SOCIAL SECURITY #:		TODAY'S DATE:	
Address:	STREET:		ZIP:
	CITY/STATE:		
Mailing Address:	STREET:		ZIP:
	CITY/STATE:		
Day Phone:		Alt. Phone:	
E-Mail Address:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Are you registered for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact:	Name:		Phone Number:
	Relationship:		
		E-Mail Address:	
ETHNICITY:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic		
	<input type="checkbox"/> Black-not Hispanic <input type="checkbox"/> White-not Hispanic <input type="checkbox"/> Other		
	<input type="checkbox"/> Asian <input type="checkbox"/> Decline to Answer		
EDUCATION STATUS:		Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest grade completed: _____	
Diploma Earned:		<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> College	
Degrees, licenses, or other credentials you hold: _____			
CAREER INTEREST: What are your plans for the future immediately after SYEP?			
Please select your top three (3) career interests: <i>(While we will attempt to place you in a position within your career interests, we cannot guarantee placement based on your selections.)</i>		Please select your top three (3) categories that best describe the kind of work you would like to do this summer:	
		Choice 1: _____	
		Choice 2: _____	
		Choice 3: _____	

ADDITIONAL INFORMATION			
Veteran of the U.S. Military	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnant or nursing <input type="checkbox"/> Yes <input type="checkbox"/> No
Current or former Foster Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ex-Offender <input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee/Asylee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Migrant/seasonal farm worker <input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Person with a disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Public Assistance (GA, TANF, Food Stamps, RCA, SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receiving Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Alien #:			Received Unemployment within past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No

WORK HISTORY (Please start with last job held)			
1. Company/Address:		Job Title 1:	
City:	State:	Job Duties:	
Start Date:	End Date:		
Hourly Wage:	<input type="checkbox"/> PT <input type="checkbox"/> FT	Reason for Leaving:	
2. Company/Address:		Job Title 2:	
City:	State:	Job Duties:	
Start Date:	End Date:		
Hourly Wage:	<input type="checkbox"/> PT <input type="checkbox"/> FT	Reason for Leaving:	
3. Company/Address:		Job Title 3:	
City:	State:	Job Duties:	
Start Date:	End Date:		
Hourly Wage:	<input type="checkbox"/> PT <input type="checkbox"/> FT	Reason for Leaving:	

By signing below, I acknowledge that I have received copies of: 1) Customer Bill of Rights 2) Grievance procedure and; 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

Signature: _____	Date: _____
Parent/Guardian Signature _____	Date: _____

PARENT/GUARDIAN	
Name: _____	Phone Number: _____
Relationship: _____	Email Address: _____

FOR OFFICIAL USE ONLY	
Right-to-Work Documents Viewed: <input type="checkbox"/>	Staff Initials _____
VleWS State ID#: _____	Date: _____
-CUSTOMER REFERRAL / ACTION PLAN-	
TALENT DEVELOPMENT Workforce Intelligence Computer Literacy Career Assessment In-depth Skills Assessment Career / Technical Education Vocational Training On- line Training / Distance learning Tuition Assistance Subsidized Employment Support Services Pre - Employment Skills Basic Skills Soft Skills	TALENT MARKETING Workforce Intelligence Resume Assistance Interviewing Assistance Job matching / Referrals Pre-screening / Referrals Job Fairs Employment Networking Job Coaching / Career Counseling Employer Orientations / Interviews